

Fill in this information to identify the case:

Debtor 1	<u>William</u>	<u>Alan</u>	<u>Bibb</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Diana</u>	<u>Llyn</u>	<u>Bibb</u>
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the District of Arizona

Case number: 4:13-bk-3972-SHG

Form 1340 (12/19)

AMENDED

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$6,083.31
Claimant's Name:	Adams & Cohen, LLC as Assignee of William Alan Bibb
Claimant's Current Mailing Address, Telephone Number, and Email Address:	P O Box 24048 Jacksonville, FL 32241 904-204-9148. Email: admin@adamscohen.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

4. Notice to United States Attorney



Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
District of Arizona
2 Renaissance Square
40 North Central Avenue, Suite 1800
Phoenix, AZ 85004

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: January 17, 2022

Signature of Applicant

Jairo Camargo for Adams & Cohen, LLC

Printed Name of Applicant

Address: Adams & Cohen, LLC
P O Box 24048
Jacksonville, FL 32241

Telephone: 904-204-2148

Email: admin@adamscohen.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone: _____

Email: _____

6. Notarization

STATE OF FLORIDA

COUNTY OF DUVAL

This Application for Unclaimed Funds, dated JAN. 17, 2022 was subscribed and sworn to before me this 17th day of JANUARY, 2022 by

JAIRO CAMARGO

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

My commission expires:



Osleny B Alba
Comm. #GG324795
Expires: May 13, 2023

Bonded Thru Aaron Notary

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

My commission expires: